

 **MAGMA HDI**
General Insurance Company Ltd.



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Claim Form

Consequential Loss of Profit Policy (FLOP) (Commercial)

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Claim Form

Consequential Loss (Fire) Insurance Claim Form Claim No. _____

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by MHDII.

Do not dispose off or destroy damaged property without consent of surveyor MHDII.

A. The Insured Risk Code (For office use) : _____

Name _____

Address _____

Tel No. Office : _____ Mobile : _____

Email : _____

Contact name ; _____

Mobile : _____ Email _____

B. Policy Details of Consequential Loss (Fire) Insurance Policy

Policy No. : _____

Period of Insurance : **From** _____ **To** _____

C. Policy details of Fire & Special Perils Policy under which material damage loss has been preferred

Policy No.: _____

Period of Insurance : **From** _____ **To** _____.

Name of the Insurer : _____

D. Loss Details

Date : _____; Time : _____ am/pm

Date/Time Discovered _____ By whom _____

Location/Address of :-

Loss : _____

City : _____ Pin Code : _____

State : _____

Premises occupied as : _____

Describe fully circumstances of Loss, how it happened, what caused the Loss : _____

Period for which your business has been interrupted from : ___/___/___ to ___/___/___

What is the Standard Turnover : _____

What is the estimated reduction in turnover : _____

What is the estimated Loss of Gross Profit : _____

Claim under Add on covers : _____

Total Claim under all Sections (Separate Claim Bill may be attached) : _____

D. General (Put a tick in the appropriate)

1. Is there any other insurance in force providing cover for this loss or damage? :

Yes No

If yes, please provide name of Insurer(s), policy no. and copy of Policy

2. Whether any change or alteration has been made in the business, premises or process after obtaining insurance?

Yes No

If yes, please provide details of the same : _____

2. Have you ever suffered any loss or damage leading to interruption in Production in the past?

Yes No

If yes, please provide Date, Amount of Loss and Name of Insurer : _____

3. Did you take any measures to minimize the loss? : Yes No

If yes, please provide details of the same : _____

4. Are there any steps taken to prevent a reoccurrence? : Yes No

If yes, please provide details (please attach separate sheet if required) : _____

5. Was there another person / Organisation, in your opinion, responsible for the loss or damage?

Yes No

If yes, please provide name, address & phone no. : _____

6. Was there any witness(es) to the incident? : Yes No

If yes, please provide name, address, phone no. and enclose statement from the witness : _____

7. Were the premises occupied at the time of the loss or damage? : Yes No

If not, unoccupied since : _____

8. Are you the sole owner of the premises/property? : Yes No

If not, please provide details of other interested parties : _____

IMPORTANT NOTICE

1. This form is issued without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the Policy Conditions which the Insured may have committed.
2. The Insured is requested to furnish the particulars above as fully and accurately as possible and this form is to be returned back to the Company/Surveyor immediately.
3. The Insured should make no offer or admission of liability to Third Parties.
4. Any communications that the Insured receives regarding the accident should be sent to the Company immediately (UNANSWERED).

General Insurance Company Ltd.

DECLARATION

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured : _____

Date : _____

Company's Stamp :

Documents to be attached :

